

SERIAL NUMBER 09/392,024	FILING DATE 09/08/99	CLASS 514	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. FG0810
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APPLICANT BRUCE L. RISER, MARSHALL, MI; MARK DENICHILO, DALY CITY, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED PROVISIONAL APPLICATION NO. 60/099,471 09/08/98
PN PROVISIONAL APPLICATION NO. 60/112,855 12/16/98

****371 (NAT'L STAGE) DATA*******

VERIFIED
PN-N/A

****FOREIGN APPLICATIONS*******

VERIFIED
PN-N/A

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/23/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 18	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 5
Verified and Acknowledged <u>PN</u> Examiner's Initials Initials					

ADDRESS	MARIETTE A LAPIZ FIBROGEN INC 225 GATEWAY BLVD SOUTH SAN FRANCISCO CA 94080
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TITLE	METHOD FOR DETECTING, PREVENTING, AND TREATING RENAL DISORDERS BY MODULATING, REGULATING, AND INHIBITING CONNECTIVE TISSUE GROWTH FACTOR
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FILING FEE RECEIVED \$523	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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